

Billed Entity Applicant #: 131976					Applicant's Form Identifier: DMPS4710101					
Contact Person: Greg Davis					Phone Number: 515-242-7773					
BLOCK 5: Discount Funding Request(s)								Page 187 of 319		
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
FRN # (to be assigned by administrator)										
11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)			RFP #00-48C	
12	Form 470 Application Number:		704340000296620		16	Billing Account Number: (e.g. billed telephone number)			N/A	
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000	
13	SPIN – Service Provider Identification Number:		143005247		18	Contract Award Date (mm/dd/yyyy)			01/12/2001	
					19a	Service State Date (mm/dd/yyyy)			07/01/2001	
					19b	Service End Date (mm/dd/yyyy)			N/A	
14	Service Provider Name		Graybar Electric		20	Contract Expiration Date (mm/dd/yyyy)			06/30/2002	
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.						Attachment # USFATCH0103	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.				58931 -			
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	15,000	0	15,000	15,000	60%	\$9,000

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12	Form 470 Application Number: 704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN -- Service Provider Identification Number: 143005247	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name Graybar Electric	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.		
		Attachment # <u>USFATCH0103</u>		
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.		
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		
23	Calculations			

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	15,000	0	15,000	15,000	50%	\$7,500

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12	Form 470 Application Number:		704340000296620		16	Billing Account Number: (e.g. billed telephone number)			N/A	
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000	
13	SPIN - Service Provider Identification Number:		143005247		18	Contract Award Date (mm/dd/yyyy)			01/12/2001	
					19a	Service State Date (mm/dd/yyyy)			07/01/2001	
					19b	Service End Date (mm/dd/yyyy)			N/A	
14	Service Provider Name		Graybar Electric		20	Contract Expiration Date (mm/dd/yyyy)			06/30/2002	
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22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.							
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)						265517	
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	300,000	0	300,000	300,000	63%	\$189,000

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12	Form 470 Application Number: 704340000296620				16	Billing Account Number: (e.g. billed telephone number)			N/A	
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000	
13	SPIN – Service Provider Identification Number: 143004340				18	Contract Award Date (mm/dd/yyyy)			01/12/2001	
					19a	Service State Date (mm/dd/yyyy)			07/01/2001	
					19b	Service End Date (mm/dd/yyyy)			N/A	
14	Service Provider Name		Dell Marketing LP		20	Contract Expiration Date (mm/dd/yyyy)			06/30/2002	
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.						Attachment # USFATCH0104	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.					58991 -		
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000

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12	Form 470 Application Number:		704340000296620		16	Billing Account Number: (e.g. billed telephone number)			N/A	
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000	
13	SPIN – Service Provider Identification Number:		143004340		18	Contract Award Date (mm/dd/yyyy)			01/12/2001	
					19a	Service State Date (mm/dd/yyyy)			07/01/2001	
					19b	Service End Date (mm/dd/yyyy)			N/A	
14	Service Provider Name		Dell Marketing LP		20	Contract Expiration Date (mm/dd/yyyy)			06/30/2002	
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.						Attachment # USFATCH0104	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.					59005 -		
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	50%	\$3,750

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12	Form 470 Application Number:		704340000296620		16	Billing Account Number: (e.g. billed telephone number)		N/A		
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)		12/12/2000		
13	SPIN - Service Provider Identification Number:		143004340		18	Contract Award Date (mm/dd/yyyy)		01/12/2001		
					19a	Service State Date (mm/dd/yyyy)		07/01/2001		
					19b	Service End Date (mm/dd/yyyy)		N/A		
14	Service Provider Name		Dell Marketing LP		20	Contract Expiration Date (mm/dd/yyyy)		06/30/2002		
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.						Attachment # <u>USFATCH10104</u>	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.					58995 -		
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	90%	\$6,750

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FRN # (to be assigned by administrator)

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D
12	Form 470 Application Number: 704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number: 143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.		
		Attachment # <u>USFATCH0104</u>		
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.		58944 --
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		
23	Calculations			

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000

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12	Form 470 Application Number:		704340000296620		16	Billing Account Number: (e.g. billed telephone number)			N/A	
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000	
13	SPIN – Service Provider Identification Number:		143004340		18	Contract Award Date (mm/dd/yyyy)			01/12/2001	
					19a	Service State Date (mm/dd/yyyy)			07/01/2001	
					19b	Service End Date (mm/dd/yyyy)			N/A	
14	Service Provider Name		Dell Marketing LP		20	Contract Expiration Date (mm/dd/yyyy)			06/30/2002	
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.						Attachment # <u>USFATCH10104</u>	
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23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000

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		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
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23 Calculations

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	40%	\$3,000

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23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
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Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	50%	\$3,750

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FRN # (to be assigned by administrator)

11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D
12	Form 470 Application Number: 704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN - Service Provider Identification Number: 143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.		
		Attachment # USFATCH0104		
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service. 28992 - b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		
23	Calculations			

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	60%	\$4,500

Billed Entity Applicant #: 131976					Applicant's Form Identifier: DMPS4710101					
Contact Person: Greg Davis					Phone Number: 515-242-7773					
BLOCK 5: Discount Funding Request(s)					Page 198 of 319					
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
FRN # (to be assigned by administrator)										
11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)			RFP #00-48D	
12	Form 470 Application Number:		704340000296620		16	Billing Account Number: (e.g. billed telephone number)			N/A	
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000	
13	SPIN – Service Provider Identification Number:		143004340		18	Contract Award Date (mm/dd/yyyy)			01/12/2001	
					19a	Service State Date (mm/dd/yyyy)			07/01/2001	
					19b	Service End Date (mm/dd/yyyy)			N/A	
14	Service Provider Name		Dell Marketing LP		20	Contract Expiration Date (mm/dd/yyyy)			06/30/2002	
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.						Attachment # USFATCH0104	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.					178587 -		
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	40%	\$3,000

Billed Entity Applicant #: 131976					Applicant's Form Identifier: DMPS4710101					
Contact Person: Greg Davis					Phone Number: 515-242-7773					
BLOCK 5: Discount Funding Request(s)					Page 199 of 319					
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
FRN # (to be assigned by administrator)										
11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)			RFP #00-48D	
12	Form 470 Application Number:		704340000296620		16	Billing Account Number: (e.g. billed telephone number)			N/A	
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000	
13	SPIN – Service Provider Identification Number:		143004340		18	Contract Award Date (mm/dd/yyyy)			01/12/2001	
					19a	Service State Date (mm/dd/yyyy)			07/01/2001	
					19b	Service End Date (mm/dd/yyyy)			N/A	
14	Service Provider Name		Dell Marketing LP		20	Contract Expiration Date (mm/dd/yyyy)			06/30/2002	
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.						Attachment # <u>USFATCH10104</u>	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.						58983 -	
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	60%	\$3,000

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773

BLOCK 5: Discount Funding Request(s) Page 200 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administrator)

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D
12	Form 470 Application Number: 704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number: 143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.		
		Attachment # USFATCH0104		
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.		58957 -
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		
23	Calculations			

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	90%	\$4,500

Billed Entity Applicant #: 131976					Applicant's Form Identifier: DMPS4710101					
Contact Person: Greg Davis					Phone Number: 515-242-7773					
BLOCK 5: Discount Funding Request(s)					Page 201 of 319					
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
FRN # (to be assigned by administrator)										
11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)			RFP #00-48D	
12	Form 470 Application Number:		704340000296620			16	Billing Account Number: (e.g. billed telephone number)			N/A
						17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000
13	SPIN – Service Provider Identification Number:		143004340			18	Contract Award Date (mm/dd/yyyy)			01/12/2001
						19a	Service State Date (mm/dd/yyyy)			07/01/2001
						19b	Service End Date (mm/dd/yyyy)			N/A
14	Service Provider Name		Dell Marketing LP			20	Contract Expiration Date (mm/dd/yyyy)			06/30/2002
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.							Attachment # <u>USFATCH0104</u>
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.					58953 -		
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773

BLOCK 5: Discount Funding Request(s)

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Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administrator)

11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D
12	Form 470 Application Number: 704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number: 143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.		
		Attachment # <u>USFATCH0104</u>		
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service. 58988 - b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		
23	Calculations			

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000

Billed Entity Applicant #: 131976					Applicant's Form Identifier: DMPS4710101					
Contact Person: Greg Davis					Phone Number: 515-242-7773					
BLOCK 5: Discount Funding Request(s)					Page 203 of 319					
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
FRN # (to be assigned by administrator)										
11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)			RFP #00-48D	
12	Form 470 Application Number:		704340000296620		16	Billing Account Number: (e.g. billed telephone number)			N/A	
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000	
13	SPIN – Service Provider Identification Number:		143004340		18	Contract Award Date (mm/dd/yyyy)			01/12/2001	
					19a	Service State Date (mm/dd/yyyy)			07/01/2001	
					19b	Service End Date (mm/dd/yyyy)			N/A	
14	Service Provider Name		Dell Marketing LP		20	Contract Expiration Date (mm/dd/yyyy)			06/30/2002	
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.						Attachment # USEATCH0104	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.					58989 -		
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	60%	\$4,500

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773

BLOCK 5: Discount Funding Request(s)

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Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administrator)

11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D
12	Form 470 Application Number: 704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number: 143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.		
		Attachment # <u>USFATCH0104</u>		
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.		58967 -
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		
23	Calculations			

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000

Billed Entity Applicant #: 131976					Applicant's Form Identifier: DMPS4710101					
Contact Person: Greg Davis					Phone Number: 515-242-7773					
BLOCK 5: Discount Funding Request(s)					Page 205 of 319					
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
FRN # (to be assigned by administrator)										
11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)			RFP #00-48D	
12	Form 470 Application Number: 704340000296620				16	Billing Account Number: (e.g. billed telephone number)			N/A	
					17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000	
13	SPIN – Service Provider Identification Number: 143004340				18	Contract Award Date (mm/dd/yyyy)			01/12/2001	
					19a	Service State Date (mm/dd/yyyy)			07/01/2001	
					19b	Service End Date (mm/dd/yyyy)			N/A	
14	Service Provider Name		Dell Marketing LP		20	Contract Expiration Date (mm/dd/yyyy)			06/30/2002	
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.						Attachment # <u>USFATCH10104</u>	
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.					58945 -		
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	60%	\$4,500

Billed Entity Applicant #: 131976					Applicant's Form Identifier: DMPS4710101					
Contact Person: Greg Davis					Phone Number: 515-242-7773					
BLOCK 5: Discount Funding Request(s)								Page 206 of 319		
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.										
FRN # (to be assigned by administrator)										
11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections				15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)			RFP #00-48D	
12	Form 470 Application Number:		704340000296620			16	Billing Account Number: (e.g. billed telephone number)			N/A
						17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000
13	SPIN – Service Provider Identification Number:		143004340			18	Contract Award Date (mm/dd/yyyy)			01/12/2001
						19a	Service State Date (mm/dd/yyyy)			07/01/2001
						19b	Service End Date (mm/dd/yyyy)			N/A
14	Service Provider Name		Dell Marketing LP			20	Contract Expiration Date (mm/dd/yyyy)			06/30/2002
21	Description of this Service:		You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.							Attachment # USEATCH0104
22	Entity/Entities Receiving this Service:		a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.						58938 –	
			b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)							
23	Calculations									
Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	40%	\$3,000

Billed Entity Applicant #: 131976	Appl. Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773

BLOCK 5: Discount Funding Request(s)

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Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administrator)

11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D
12	Form 470 Application Number: 704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN - Service Provider Identification Number: 143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.		
		Attachment # <u>USFATCH0104</u>		
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.		
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		
23	Calculations			

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773
BLOCK 5: Discount Funding Request(s)	
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Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN #		(to be assigned by administrator)	
11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)
12	Form 470 Application Number: 704340000296620	16	Billing Account Number: (e.g. billed telephone number)
13	SPIN – Service Provider Identification Number: 143004340	17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)
14	Service Provider Name Dell Marketing LP	18	Contract Award Date (mm/dd/yyyy)
		19a	Service State Date (mm/dd/yyyy)
		19b	Service End Date (mm/dd/yyyy)
21	Description of this Service:	20	Contract Expiration Date (mm/dd/yyyy)
22	Entity/Entities Receiving this Service:	Attachment # USFATCH0104	
23	Calculations	58981 -	

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773

BLOCK 5: Discount Funding Request(s)

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Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administrator)

11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D
12	Form 470 Application Number: 704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN - Service Provider Identification Number: 143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.		
		Attachment # USFATCH0104		
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service. 58922 - b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		
23	Calculations			

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	50%	\$3,750

Billed By: Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773

BLOCK 5: Discount Funding Request(s) Page 210 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administrator)

11	Category of Service (only ONE category should be checked) <input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D
12	Form 470 Application Number: 704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number: 143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.		Attachment # USFATCH0104
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.		58928 -
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		
23	Calculations			

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	50%	\$3,750

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773

BLOCK 5: Discount Funding Request(s)

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Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administrator)

11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access ● Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D
12	Form 470 Application Number: 704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number: 143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
		19a	Service State Date (mm/dd/yyyy)	07/01/2001
		19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.		
		Attachment # USFATCH0104		
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.		
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)		
23	Calculations			

Recurring Charges					Non-Recurring Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000